



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

June 3, 2008

Approved
July 15, 2008

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeff Goodman, <i>Co-Chair</i>	Eric Daar	Jim Chud	Juhua Wu	Dawn McClendon
Kathy Watt, <i>Co-Chair</i>	Quentin O'Brien	Mike Johnson		Jane Nachazel
Mario Chavez		Gabriela Leon		Glenda Pinney
Douglas Frye		Trip Oldfield		Craig Vincent-Jones
Joanne Granai		Tania Rodriguez-Trillo		
Michael Green				
Bradley Land				
Anna Long				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Agenda, 6/3/2008
- 2) **Table:** Service Category Priorities, 5/27/2008
- 3) **PowerPoint:** Surveillance and Epidemiology of HIV and AIDS in Los Angeles County, 2/14/2008
- 4) **Report:** Los Angeles Coordinated HIV Needs Assessment (LACHNA), revised 5/21/2008
- 5) **Table:** Service Category Summary Sheet, revised 5/28/2008
- 6) **Form:** Year 17 Service Category Summary Sheets, 5/28/2008 - Revised
Categories: Case Management, Medical; Case Management, Psychosocial; Dental Services, Oral Health; Food Bank/Home-Delivered Meals, Nutrition Support; Legal Services; Medical Services; Medical Services, Medical Specialty; Mental Health Services, Psychiatry; Mental Health Services, Psychotherapy; Nutritional Counseling, Medical Nutrition Therapy; Other Services, Language Services; Psychological Support Services, Peer Support; Residential or In-Home Hospice Services, Hospice and Skilled Nursing Services; Residential or In-Home Hospice Services, Transitional; Substance Abuse Services – Residential; Transportation; Treatment Adherence Services, Treatment Education
- 7) **Report:** Year 19 Priority- and Allocation-Setting Summary of Service Provider Forums, 2/29/2008
- 8) **Report:** Year 19 Priority- and Allocation-Setting Summary of Provider Assessment Surveys – 10 Agencies, 4/22/2008
- 9) **List:** List of Available HIV Services, 11/13/2007
- 10) **List:** HIV Service Category Definitions, 11/27/2007
- 11) **Matrix:** Year 19 Priority- and Allocation-Setting Change Matrix, 5/20/2008

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:35 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the P&P Committee Meeting minutes (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** Jim Chud noted a recent study on aging, available online, that emphasized the increased need for skilled nursing. He has surveyed HIV providers and found that there is support to re-establish a specific skilled nursing facility, perhaps at Drew University and MLK Hospital. He supports increased funding for the service.

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5. **COMMISSION COMMENT, NON-AGENDIZED:** Ms. Watt urged people to leave packets or bring them back to save paper.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** Mr. Vincent-Jones indicated that first 18 categories had been preliminarily ranked. He had consulted with County Counsel on the nature of this meeting: continuation or separate meeting. It had been deemed a continuation, obviating the need for a two-thirds vote if any need to be adjusted. The Committee would then vote on the full slate of priority rankings, in accordance with the Conflict of Interest policy.
7. **CO-CHAIRS' REPORT:**
 - A. **June 17, 2008 Special Meeting:** Mr. Goodman reminded attendees that OAPP would present allocation recommendations at this special meeting. The Committee would vote on allocations at the regularly scheduled meeting one week later.
8. **YR 19 PRIORITY- AND ALLOCATION-SETTING:**
 - A. **Service Priority Rankings:**
 - Ms. Watt noted that the Dallas EMA paid COBRA through Ryan White funds. That would be discussed at the next day's JPP meeting.
 - Mr. Vincent-Jones said he had agreed to speak for Mr. O'Brien since he was unable to attend the meeting. Mr. O'Brien felt strongly that EIS should be prioritized at 19 if not higher because it facilitated medical care access and provision. He also recommended that outreach and referral services follow, which he felt was a component of comprehensive EIS.
 - Dr. Green responded that MAI now provides significant funding for EIS, combining outreach and transitional case management as well. The state also funds EIS directly and through OAPP, and is working to better coordinate services. Contracts included early medical care. Mr. Vincent-Jones said the standard was for a comprehensive service to get and keep people in care much like medical case management. Dr. Frye noted five SPNs ranked the category among its top six.
 - Mr. Johnson felt Legal Services provides service access, but Ms. Granai said it was not utilized in SPA #1. Mr. Oldfield pointed out that it had been prioritized near benefits specialty last year. Several members indicated that nutrition support was ranked as a most needed service in both service provider and LACHNA data.
 - Ms. Watt noted that PPC had a strong focus on outreach. Ms. Leon added that EIS also includes outreach. While Mr. Vincent-Jones said this focus was on prioritization not allocation, there might be consensus that outreach was redundant. Ms. Watt and Dr. Frye also raised the need to balance numbers versus intensity of need since high-risk people are a severe public health issue.
 - Transitional case management addresses incarceration/post-incarceration and youth. Dr. Frye added that LACHNA reported the greatest gap between need and availability for dental services. Mr. Land suggested the need for direct emergency financial assistance was high. Mr. Goodman noted that 17 of 60 people in LACHNA with child care needs missed appointments due to lack of child care. Language services presented a severe need when required.
 - Mr. Land recommended looking at housing case management, hospice and skilled nursing, home-based case management, and home health care as a group. Mr. Vincent-Jones said the latter two were now the same category, but the SOC Committee would be separating them. Hospice and skilled nursing were also being separated. Mr. Goodman noted the need for skilled nursing had tripled in the last two years and, when needed, was a severe need.
 - Ms. Watt said workforce entry/re-entry Services was labor intensive, but helped with resumes, counseling, job training and placement. It had no standard and had not previously been prioritized. Ms. Watt felt hospice was under-reported for psychological reasons. Ms. Granai said HE/RR was often requested and related to outreach and referral services. Ms. Leon agreed and added HCT to the group.
 - ➡ There was consensus to insert EIS at 10 and move the other priorities down one.
 - ➡ There was consensus to move Outreach and Referral Services below HE/RR and HCT.
 - ➡ There was consensus to move skilled nursing before home health care, and home-based case management.
 - ➡ It was agreed to separate hospice and skilled nursing services since it was anticipated that the SOC Committee recommendation to separate them would be approved at the August Commission meeting.
 - ➡ OAPP had not provided a Service Category Summary Sheet for Substance Abuse, Treatment because it was not Part A funded. However, as financial reports now showed all funding, it was agreed to provide all summary sheets in future.

MOTION #11 (Watt/Land): Approve the following priority rankings:

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Ranking	Service Category
1	Medical Outpatient
2	AIDS Drug Assistance Program (ADAP) Enrollment
3	Medical Specialty
4	Local Pharmacy Program
5	Benefits Specialty
6	Oral Health Care
7	Mental Health, Psychiatry
8	Mental Health, Psychotherapy
9	Case Management, Medical
10	Early Intervention Services
11	Health Insurance Premium and Cost-Sharing Assistance
12	Substance Abuse, Residential
13	Substance Abuse, Treatment
14	Case Management, Psychosocial
15	Residential, Transitional
16	Residential, Permanent
17	Transportation
18	Treatment Education
19	Medical Nutrition Therapy
20	Nutrition Support
21	Legal Services
22	Case Management, Transitional
23	Direct Emergency Financial Assistance
24	Case Management, Housing
25	Language Services
26	Skilled Nursing Facility
27	Home Health Care
28	Case Management, Home-based
29	Hospice
30	Child Care
31	Workforce Entry/Re-entry Services
32	Rehabilitation Services
33	Health Education/Risk Reduction
34	HIV Counseling and Testing in Care Settings
35	Outreach Services
36	Referral Services
37	Peer Support
38	Respite Care
39	Permanency Planning
40	Psychosocial Support Services

(**Passed:** *Ayes:* Chavez, Frye, Granai, Green, Land, Goodman, Watt; *Noes:* none; *Abstentions:* none).

9. **FINANCIAL REPORTS:** There was no report.
10. **2009 COMPREHENSIVE CARE PLAN:** The item was postponed.
11. **DATA SUMMIT PLANNING:** There was no report.
12. **SERVICE PROVIDER NETWORKS:** The item was postponed.
13. **GEOGRAPHIC ESTIMATE OF NEED:** The item was postponed.

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14. **OTHER STREAMS OF FUNDING:** The item was postponed.
15. **STANDING SUBCOMMITTEES:** There were no reports.
16. **COMMITTEE WORK PLAN UPDATE:** The item was postponed.
17. **NEXT STEPS:** The item was postponed.
18. **ANNOUNCEMENTS:** There were no announcements.
19. **ADJOURNMENT:** The meeting was adjourned at 3:45 pm.